SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes
1. Atticle Addressed to: ATADAMA Exchanges  102West Northside	If YES, enter delivery address below: No
Tuskegee, AC 31098	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  A Restricted Polium of Communication
Article Number     (Transfer from service label)	4. Restricted Delivery? (Extra Fee)       □ Yes         7□□4 116□ □□□3 58□□ 4753
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